

*Utility of Form—to be used as a referral form when an evaluation is being requested*

## Section 504 Referral

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Referred by: \_\_\_\_\_  
Position: \_\_\_\_\_

1. Reason for referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Accommodations and interventions attempted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Has the student ever been referred, evaluated, and/or received services from special education? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Referral action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Section 504 Coordinator

\_\_\_\_\_  
Date

Form –B2



## Invitation to Parents for Initial Section 504 Meeting

Student \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_

Dear Parent or Guardian:

This letter is to inform you that the Section 504 Team at the school has concerns about your child's academic and/or behavioral progress. Prior to this time, the Team may have developed and implemented academic and/or behavioral interventions with your child. They include the following:

Intervention	Duration	Effectiveness
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

After evaluating the Intervention Plan and/or your child's current performance, we believe that additional information is necessary to fully determine your child's educational needs and whether he/she might need accommodations in the general classroom under Section 504. We would like to meet with you to discuss a possible evaluation under Section 504 in order to ensure that your child is afforded an appropriate education.

We have scheduled a meeting on \_\_\_\_\_ at \_\_\_\_\_.

This meeting will be held at \_\_\_\_\_.

It would be helpful if you could fill out the attached parent input form and bring it to the meeting or send it to your child's teacher if you cannot attend. If you have any questions, cannot attend, or if this meeting time is not convenient for you, please call me at \_\_\_\_\_. We will discuss your questions or arrange a mutually convenient meeting time. A description of your rights under Section 504 is attached.

Sincerely,

\_\_\_\_\_  
School Section 504 Representative  
Form B-3



Attachment: Section 504 Parent Rights, Parent Input Form

## Section 504 Meeting Parent Input

Student: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Who has legal authority to make educational decisions for this child? \_\_\_\_\_

With whom does this student live? \_\_\_\_\_

**Please answer any questions that you think might be helpful to the 504 Team.**

What are some of your child's strengths? \_\_\_\_\_

\_\_\_\_\_

What does your child do when not in school? \_\_\_\_\_

\_\_\_\_\_

Please describe your child's behavior at home? \_\_\_\_\_

\_\_\_\_\_

Have there been any important changes within the family during the last 3 years? \_\_\_\_\_

\_\_\_\_\_

Do you feel your child is experiencing problems in school? \_\_\_\_\_

\_\_\_\_\_

When were you first aware of this problem? \_\_\_\_\_

\_\_\_\_\_

What do you think is causing the problem? \_\_\_\_\_

\_\_\_\_\_

What time does your child go to bed at night? \_\_\_\_\_

\_\_\_\_\_

Does your child usually eat breakfast? \_\_\_\_\_

\_\_\_\_\_

What methods of discipline are used with your child at home? \_\_\_\_\_

\_\_\_\_\_

What is your child's reaction to discipline? \_\_\_\_\_  
\_\_\_\_\_

Has your child mentioned any problems with school? If so, how does he/she feel about the problem? \_\_\_\_\_

### **Health History**

Please describe any serious illnesses, accidents, or hospitalizations. \_\_\_\_\_  
\_\_\_\_\_

Does your child appear to have any physical health problems, including allergies? \_\_\_\_\_  
\_\_\_\_\_

Is your child receiving service(s) from another agency? \_\_\_\_\_  
\_\_\_\_\_

Is your child currently taking medications? If so, please list. \_\_\_\_\_  
\_\_\_\_\_

Are there any known side affects from the medication? \_\_\_\_\_  
\_\_\_\_\_

**Please tell us anything else that you think would be helpful in planning for your child's success at school.**

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## Section 504 Consent to Evaluate

Student Name \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_

Following a discussion with school personnel acquainted with my child, I authorize the use of school educational evaluation for my child to determine possible identification for Section 504 accommodations/services. I understand that this evaluation may include administration of the following:

The school is requesting your consent to conduct the following evaluation procedures:

Evaluation Procedures

Person Responsible

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I understand that following the evaluation, I will be given the opportunity to meet with appropriate school staff to review the evaluation results and plan next steps for my child's education.

I give written consent to have my child evaluated.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Parent Name (printed)

\_\_\_\_\_  
Date

Copies: Parents  
Student file

Form B-5

## Notice of Section 504 Meeting To Review Evaluation Results

Date sent/mailed: \_\_\_\_\_

Student's name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Dear \_\_\_\_\_,

This letter is to inform you that the Section 504 Team at your child's school would like to meet with you to discuss the results of an evaluation under Section 504. Your insights and contributions will be quite helpful to us in effecting the best decisions possible. If you have not already done so, please fill out and return the Parent Input Form.

Meeting Date: \_\_\_\_\_ Meeting Time: \_\_\_\_\_

Location: \_\_\_\_\_

Please call me at \_\_\_\_\_ if you have any questions or need to arrange an alternative date.

Sincerely,

\_\_\_\_\_  
School Section 504 Representative

Copies: Parents  
Student file

Attachment: Parent Input Form

Form B-6



# Identification Form: Section 504/ADA

## **PART ONE: DOCUMENTATION OF TEAM MEETING**

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_  
Date of 504 Team Meeting: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_

Team Members: (Note: the Team should consist of at least three members of the professional staff. Team Members must be collectively knowledgeable about the student, the meaning of the evaluation data, and the placement options.)

Name:	Title:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### **Information that was reviewed and considered:**

The following information provided by the parents: (Note: attach copies of any report, recommendation, or evaluation provided by the parents and summarize any verbal input):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Grades:  
What school year(s)? \_\_\_\_\_

\_\_\_\_\_ Academic testing:  
Tests? \_\_\_\_\_ Year(s)? \_\_\_\_\_

\_\_\_\_\_ Teacher recommendations:  
What teacher(s)? \_\_\_\_\_

\_\_\_\_\_ Behavior records:  
What school year(s)? \_\_\_\_\_

\_\_\_\_\_ Attendance records:  
What school year(s)? \_\_\_\_\_

\_\_\_\_\_ Other testing or evaluation:



Be specific: \_\_\_\_\_

\_\_\_\_\_ Medical reports, records, recommendations:

Be specific: \_\_\_\_\_

\_\_\_\_\_ Other input:

Be specific: \_\_\_\_\_

## **PART TWO: CONSIDERATION OF MAJOR LIFE ACTIVITIES**

What is the MAJOR LIFE ACTIVITY that may be impaired?

_____ Caring for Self	_____ Hearing	_____ Working
_____ Performing Manual Tasks	_____ Speaking	_____ Reading
_____ Walking	_____ Breathing	_____ Concentrating
_____ Seeing	_____ Learning	_____ Thinking
_____ Communicating	_____ Eating	_____ Sleeping
_____ Standing	_____ Lifting	_____ Bending
_____ Other (Be specific)	_____ Other	_____ Other

Note: if the major life activity is LEARNING, READING, CONCENTRATING, THINKING, SPEAKING, OR COMMUNICATING, the Team should CONSIDER referring the students for a Full Individual Evaluation to determine eligibility for special education under the Individuals with Disabilities Education Act (IDEA).

If the Team suspects that the student may need specially designed instruction due to impairment of any of these major life activities, the Team must refer the student for a FIE to determine eligibility under IDEA. In that case, the Team will suspend the meeting until a decision is made about special education eligibility. Go to Part Five.

## **PART THREE: CONSIDERATION OF IMPAIRMENT**

What data has the Team considered to establish that the student has a PHYSICAL or MENTAL IMPAIRMENT?\* Be specific, and list all sources of data:

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\*NOTE: if there is no data, or insufficient data, to support the existence of a physical or mental impairment, the school cannot identify the student as an individual with a disability under Section 504/ADA.

Based on the data considered, how long is the impairment expected to affect the student? \_\_\_\_\_

Based upon a review of the data cited above, does the student have a physical or MENTAL IMPAIRMENT affecting the MAJOR LIFE ACTIVITY to some degree? \_\_\_\_ Yes \_\_\_\_ No

If "YES," proceed.

If "NO," the student can be identified as an individual with a disability under Section 504/ADA. However, if the student has a RECORD of any physical or mental impairment that substantially limits a major life activity, the student will not be subjected to discrimination based on that record. Furthermore, if the student is erroneously REGARDED as having such a physical or mental impairment, the student will not be subjected to discrimination based on that perception. Go to Part Five.

If "YES," what is the nature of the IMPAIRMENT of the MAJOR LIFE ACTIVITY?

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#### **PART FOUR: CONSIDERATION OF IMPAIRMENT**

Impairments impact major life activities to varying degrees. If the Team determines that the impairment SUBSTANTIALLY LIMITS the student's performance of the MAJOR LIFE ACTIVITY, then the student should be identified as an individual with a disability under Section 504 and the ADA.

If the Team determines that the impairment limits the student to a MILD or MODERATE degree, then the student should not be identified as an individual with a disability under Section 504 and the ADA. However, the Team may proceed to consider non-disability related accommodations or services that would be helpful to the student, if appropriate.

In assessing the impact of the impairment on the student's performance of the major life activity, the Team will disregard the positive effects of mitigating measures that lessen the impact of the impairment. For example, the Team will disregard medications, medical equipment and supplies, hearing aids, auxiliary aids and services, reasonable accommodations, learned adaptations, and behavioral modifications. The effect of ordinary eyeglasses and/or contact lenses will be considered.

Moreover, with regard to impairments that are episodic or in remission, the Team will consider the impact of the impairment when it is active.

Taking all of that into account:

Does the student's PHYSICAL OR MENTAL IMPAIRMENT substantially limit the student's performance of the MAJOR LIFE ACTIVITY in comparison with how most

students in the general population and of the same chronological age perform the major life activity?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

## **PART FIVE: IDENTIFICATION**

\_\_\_\_\_ The Team believes that the student may have a physical or mental impairment that substantially limits learning, or another major life activity, in such a way that the student may require the provision of specially designed instruction. Therefore, the student has been referred for a full individual evaluation to determine eligibility for special education services under the Individuals with Disabilities Education Act. If it is determined that the student is eligible under IDEA, the school will provide a free appropriate public education pursuant to an individual education program for the student. If the student is not eligible for services under IDEA, the 504 Team will reconvene and resume consideration of the student.

OR

\_\_\_\_\_ The Team has determined that the student cannot be identified as an individual with a disability under Section 504/ADA because there is no data, or insufficient data, to establish the existence of a physical or mental impairment.

OR

\_\_\_\_\_ The Team has determined that the student cannot be identified as an individual with a disability under Section 504/ADA because the student's physical or mental impairment does not substantially limit the student in a major life activity.

OR

\_\_\_\_\_ The Team has determined that the student has a physical or mental impairment that substantially limits the student's performance of a major life activity. The impairment is:

- A. Active
- B. Episodic
- C. In remission

If, and only if, this section is checked, proceed to Part Six.

## **PART SIX: CONSIDERATION OF ACCOMMODATIONS AND SERVICES**

The Team has IDENTIFIED your child as an individual with a disability under Section 504/ADA. This means that you will be entitled to all of the procedural protections

provided by Section 504/ADA such as placement in the least restrictive environment, periodic reevaluations, the right to receive notice of certain actions by the school, the right to challenge certain actions of the school through an impartial hearing, and the right to have your child's education individually designed so as to meet his or her needs as well those of non-disabled students. These rights are spelled out in the Notice of Rights and Procedural Protections document that has been provided to you.

In addition, as an individual with a disability under Section 504/ADA your child may need an individual plan of accommodation and/or services. If so, such a plan will be developed by the 504 Team.

\_\_\_\_\_ The child's disability does not presently impair the student's performance of a major life activity in a way that requires any accommodations or services at this time. However, the Team will reconsider the need for an individualized plan 1) at an annual meeting of the 504 Team and 2) at any other time at your request.

\_\_\_\_\_ The child's disability is episodic and thus does not require accommodations or services on a daily or regular basis, but it requires consideration of a plan in the event that the disability becomes active. The plan is attached. The Team will reconsider your child's plan 1) at an annual meeting of the 504 Team and 2) at any other time at your request.

\_\_\_\_\_ The child's disability is active and presently requires accommodations or services in the school setting. The plan is attached. The Team will reconsider your child's plan 1) at an annual meeting of the 504 Team and 2) at any other time at your request.



## Section 504 Accommodation Plan

Student \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_  
 School \_\_\_\_\_ Teacher \_\_\_\_\_

YES NO The student has received an evaluation.

YES NO The student has a mental or physical impairment that substantially limits one or more of his/her major life activities.

YES NO The impairment substantially affects the student's overall performance at school in regards to

<input type="checkbox"/> seeing	<input type="checkbox"/> hearing	<input type="checkbox"/> doing manual tasks
<input type="checkbox"/> breathing	<input type="checkbox"/> walking	<input type="checkbox"/> caring for oneself
<input type="checkbox"/> writing	<input type="checkbox"/> learning	<input type="checkbox"/> showing troubling behavior
<input type="checkbox"/> breathing	<input type="checkbox"/> sleeping	<input type="checkbox"/> lifting
<input type="checkbox"/> reading	<input type="checkbox"/> concentrating	<input type="checkbox"/> communicating
<input type="checkbox"/> helping	<input type="checkbox"/> eating	<input type="checkbox"/> bending
<input type="checkbox"/> other		<input type="checkbox"/> operation of a bodily function

Is this student is identified to receive a 504 Accommodation Plan? \_\_\_\_\_

Describe what evaluation data was used; Describe this student's circumstances and its educational impact in more detail (that is, document the basis for the 504 Plan):

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The case manager for this Section 504 Plan will be: \_\_\_\_\_

Date of Meeting & Initial Plan: \_\_\_\_\_

Annual Review scheduled for: \_\_\_\_\_

List each need in order of priority and describe specifically how it is to be met.

<b>Specific Need</b> (How does the impairment impact the student's education and what is needed to eliminate the restriction?)	<b>Accommodations</b>
	<b>Special Materials or Training Needed—Who, How, and When?</b>
	<b>Who Will Implement the Accommodations</b>
	<b>Criteria for Evaluating Success</b>

<b>Specific Need</b>	<b>Accommodations</b>
	<b>Special Materials or Training Needed—Who, How, and When?</b>
	<b>Who Will Implement the Accommodations</b>
	<b>Criteria for Evaluating Success</b>
<b>Specific Need</b>	<b>Accommodations</b>
	<b>Special Materials or Training Needed—Who, How, and When?</b>
	<b>Who Will Implement the Accommodations</b>
	<b>Criteria for Evaluating Success</b>

**Section 504 Plan Team:**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN:**

I, \_\_\_\_\_, as this student's parent/guardian,

☐ give ☐ do not give permission for my child to receive the accommodations described.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Copies: Parent, Student file  
 Form B-8, Page 2 of 2

## Section 504 Plan Review

Student \_\_\_\_\_ Date \_\_\_\_\_

Case Manager \_\_\_\_\_

**Purpose of meeting:** It is necessary to periodically review the student's progress under Section 504 services and make recommendations to continue, modify, or terminate the program(s) (504 plan should be reviewed once each year.)

**Discussion of progress** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Recommendation

- ☐ Continue present services with no changes.
- ☐ Modify the present Accommodation Plan (see new plan attached).
- ☐ Conduct additional evaluations.
- ☐ Exit from Section 504 services based upon the following evaluation results/rationale.

### Discussion of recommendations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The following members of the Section 504 Team participated in this review:

### Signature(s)

\_\_\_\_\_  
Parent /Guardian

\_\_\_\_\_  
Parent/Guardian

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Copies: Parent  
Student file

## Section 504 Grievance Form

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone(s): \_\_\_\_\_

1. Summary of Grievance—What is the problem? What are the facts?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How can the problem be solved?

\_\_\_\_\_  
\_\_\_\_\_

3. Who have you spoken to or met with at the school to address this situation?  
What was the result of this contact? \_\_\_\_\_

\_\_\_\_\_

4. Please describe any corrective action you wish to see taken with regard to  
this grievance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach any additional information or documentation you wish the district to consider. You also have the right to file a complaint with the regional office of the U. S. Department of Education's Office for Civil Rights (OCR) without going through the district's grievance procedures

\_\_\_\_\_  
Signature of Parent Date

Received by:

\_\_\_\_\_  
Signature of Section 504 Coordinator Date

Copies: Parent  
Student file  
504 Coordinator file



# Manifestation Determination

## MANIFESTATION DETERMINATION WORKSHEET

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
Section 504/ADA Disability: \_\_\_\_\_  
Student Number: \_\_\_\_\_

### Manifestation Team Members (by name and role)

_____	_____
_____	_____
_____	_____
_____	_____

### Sources of Information (attachments)

\_\_\_\_ Evaluations    \_\_\_\_ Interviews    \_\_\_\_ Observations    \_\_\_\_ Other

### Description of misconduct:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Description of proposed disciplinary actions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Does the proposed disciplinary action constitute a change of placement?

\_\_\_\_ If NO, proceed with disciplinary action.  
\_\_\_\_ If YES, continue with manifestation determination review.

**Is the proposed disciplinary action based on the student's illegal use of drugs, or for the use or possession of alcohol?**

\_\_\_\_\_ If YES, the student is subject to the same disciplinary penalty imposed on non-disabled students who engage in the same behavior. The Team will not conduct a manifestation determination, but the Team will consider whether a FBA and/or BIP are appropriate for the student to help prevent recurrence of the inappropriate behavior.

\_\_\_\_\_ If NO, continue with the manifestation determination review.

**FINAL DETERMINATION**

We have reviewed all relevant information, including information that is relevant contained in the student's file, the student's accommodation plan and/or BIP, teacher observations and any information provided by the parents. Based on a review and consideration of all of this information we can answer the following questions:

1. Did the student's disability directly cause the misconduct?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No
2. Does the student's disability have a direct and substantial relationship to the misconduct?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No
3. Was the student's misconduct the direct result of a failure by the school district to provide the services set out in the student's accommodation plan?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If any question is answered YES, the Team will conduct a functional behavioral assessment of the student, unless this had been done prior to the behavior in question. The Team will also implement a behavioral intervention plan (BIP) for the student. If the student already has a BIP, the Team will review and modify the BIP as necessary to address the behavior. The Team will also return the student to the placement from which the student was removed unless 1) the parent and school agree otherwise as part of the modification of the BIP or 2) the student's misconduct involved weapons or the infliction of a serious bodily injury to another person.

If the third question is answered YES, the Team will take immediate steps to remedy the deficiencies in the provision of services to the student.

If all three questions are answered NO, the student is subject to the same discipline procedures applicable to non-disabled students, as long as FAPE is still provided.